

Patient Name	: Mrs.NEHA GUPTA	Collected	: 29/Mar/2024 10:09AM
Age/Gender	: 37 Y 7 M 5 D/F	Received	: 29/Mar/2024 12:28PM
UHID/MR No	: CMYS.0000060295	Reported	: 29/Mar/2024 02:30PM
Visit ID	: CMYSOPV124001	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 605702412434		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240087264




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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	38.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.51	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.5	%	40-80	Electrical Impedance
LYMPHOCYTES	30.3	%	20-40	Electrical Impedance
EOSINOPHILS	5.5	%	1-6	Electrical Impedance
MONOCYTES	3.5	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3993	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1999.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	363	Cells/cu.mm	20-500	Calculated
MONOCYTES	231	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2		0.78- 3.53	Calculated
PLATELET COUNT	268000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	07	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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DEPARTMENT OF HAEMATOLOGY

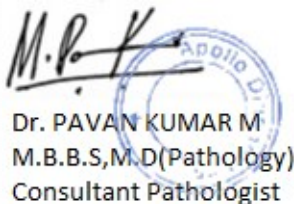
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

W.B.C: Are normal in number,morphology and distribution.

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.


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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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Patient Name : Mrs.NEHA GUPTA	Collected : 29/Mar/2024 10:08AM
Age/Gender : 37 Y 7 M 5 D/F	Received : 29/Mar/2024 12:27PM
UHID/MR No : CMYS.0000060295	Reported : 29/Mar/2024 01:04PM
Visit ID : CMYSOPV124001	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dl	74-106	GOD, POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:PLF02136939



Patient Name : Mrs.NEHA GUPTA	Collected : 29/Mar/2024 10:09AM
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UHID/MR No : CMYS.0000060295	Reported : 29/Mar/2024 02:15PM
Visit ID : CMYSOPV124001	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	104	mg/dl	70-140	GOD, POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:EDT240040494



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dl	0-200	CHOD
TRIGLYCERIDES	137	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	39	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	139	mg/dL	<130	Calculated
LDL CHOLESTEROL	111.34	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.48	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.54		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.19		<0.11	Calculated

Comment:

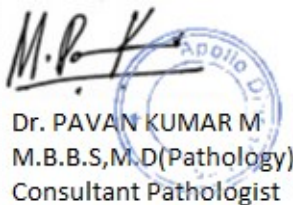
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SE04680670



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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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M.B.B.S,M.D(Pathology)
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	93.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	7.60	g/dl	6.4-8.3	Biuret
ALBUMIN	4.15	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.45	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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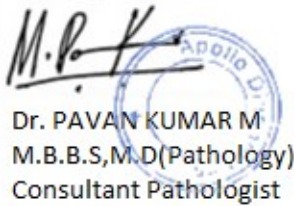


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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	18.46	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.6	mg/dl	6-20	Urease, UV
URIC ACID	4.60	mg/dL	2.6-6	Uricase
CALCIUM	9.18	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.78	mg/dl	2.7-4.5	Molybdate
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.60	g/dl	6.4-8.3	Biuret
ALBUMIN	4.15	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.45	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		0.9-2.0	Calculated



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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/l	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.95	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.12	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.020	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
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SIN No:SPL24059119




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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


*** End Of Report ***

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Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SPL24059119



Name : Mrs. NEHA GUPTA Address : MYSORE Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 37 Y Sex : F	UHID :CMYS.0000060295  OP Number :CMYSOPV124001 Bill No :CMYS-OCR-22881 Date : 29.03.2024 10:05
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO → P	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION → P	
7	DIET CONSULTATION → P	
8	COMPLETE URINE EXAMINATION	75.2
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	161
11	ECG	
12	LBC PAP TEST- PAPSURE After tweets	120/80
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION → P	
20	FITNESS BY GENERAL PHYSICIAN → P	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN → P	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Nisha Gupta on 29-3-24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> Medically Fit 	✓
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. [Signature]

Medical Officer
The Apollo Clinic, Mysore.

Apollo Clinic

#29, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN: U85110TG2000PLC115819)

Regd. Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Date : 29-03-2024
MR NO : CMYS.0000060295

Department : GENERAL
Doctor : ROHITH. H. E

Name : Mrs. NEHA GUPTA

Registration No :

Qualification :

Age/ Gender : 37 Y / Female

Consultation Timing: 10:03

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Pt. came for Annual Health Checkup
No fresh complaints
No h/o DM, HTN



Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 07
Ph : 0821-400000/41

Date : 29-03-2024
MR NO : CMYS.0000060295
Name : Mrs. NEHA GUPTA
Age/ Gender : 37 Y / Female

Department : GENERAL (opthal)
Doctor :
Registration No :
Qualification :

Consultation Timing: 10:03

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp : 20/min	B.P :

General Examination /
Allergies History

NO -

vital - stable.

Clinical Diagnosis & Management Plan

wearing spectacle.
> 10 yrs.

NOT on regular Rx

vision	(R)	(L)
Far	NG	NG
Near	wearing corrected lens	
colour	(N)	

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 07
PH: 0821-4006040/41

Regular check

Date : 29-03-2024 Department : GENERAL (Dental)
MR NO : CMYS.0000060295 Doctor :
Name : Mrs. NEHA GUPTA Registration No :
Age/ Gender : 37 Y / Female Qualification :

Consultation Timing: 10:03

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

O/E

5/ cervical abrasions & Dental caries

Gen ablation noted

8/8 Decayed & Partially erupted

Neelish

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 29-03-2024
 MR NO : CMYS.0000060295
 Name : Mrs. NEHA GUPTA
 Age/ Gender : 37 Y / Female

Department : GENERAL
 Doctor :
 Registration No : *M. Neelam Kumar R*
 Qualification : *M.S. ENT*

Consultation Timing: 10:03

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
 Allergies History

Clinical Diagnosis & Management Plan

Come for never healthy throat

Ear bilateral TM @

nose - nasal mucosa @

and cavity in oropharynx @

throat @

to

nasal

Follow up date :

Ne
 Doctor Signature
Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41

Date : 29-03-2024
MR NO : CMYS.0000060295

Department : GENERAL
Doctor :

Name : Mrs. NEHA GUPTA

Registration No :

Age/ Gender : 37 Y / Female

Qualification :

ML - 2 years

Consultation Timing: 10:03

On

Regular cycles

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

LMP - 27/3/2024

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Abd pelvis
USG → NAD

Adw

Ⓜ salpingitis
ruptured ectopic
2022 → laparoscopy

~~Adw~~

① cont folic acid

2 cycles of IVI
- FTC.

② counsel regd IVF/IVI

Hb - 12.3 g/l.

WBS - 94/104

HbA1c - 5.1%

TSH - 2.02

Follow up date :

Apollo Clinic
Doctor's Signature
25, 1st
Kalidasa Road, Mysore - 02
Ph : 0821-400000/1

Date : 29-03-2024
MR NO : CMYS.0000060295
Name : Mrs. NEHA GUPTA
Age/ Gender : 37 Y / Female

Department : GENERAL Dietetics
Doctor : Prachara. B.P

Registration No :
Qualification : M.Sc Nutrition & Dietetics
PhD*

Consultation Timing: 10:03

7200 - 5.7kg

Height: 161	Weight: 75.2	BMI: 29 kg/m ²	Waist Circum:
Temp:	Pulse:	Resp:	B.P:

General Examination /
Allergies History

HDL - 39
NON HDL - 139
LDL - 111.34

Clinical Diagnosis & Management Plan

→ Advised low calorie, high protein diet with fiber rich foods
→ Dietary guideline chart is given.

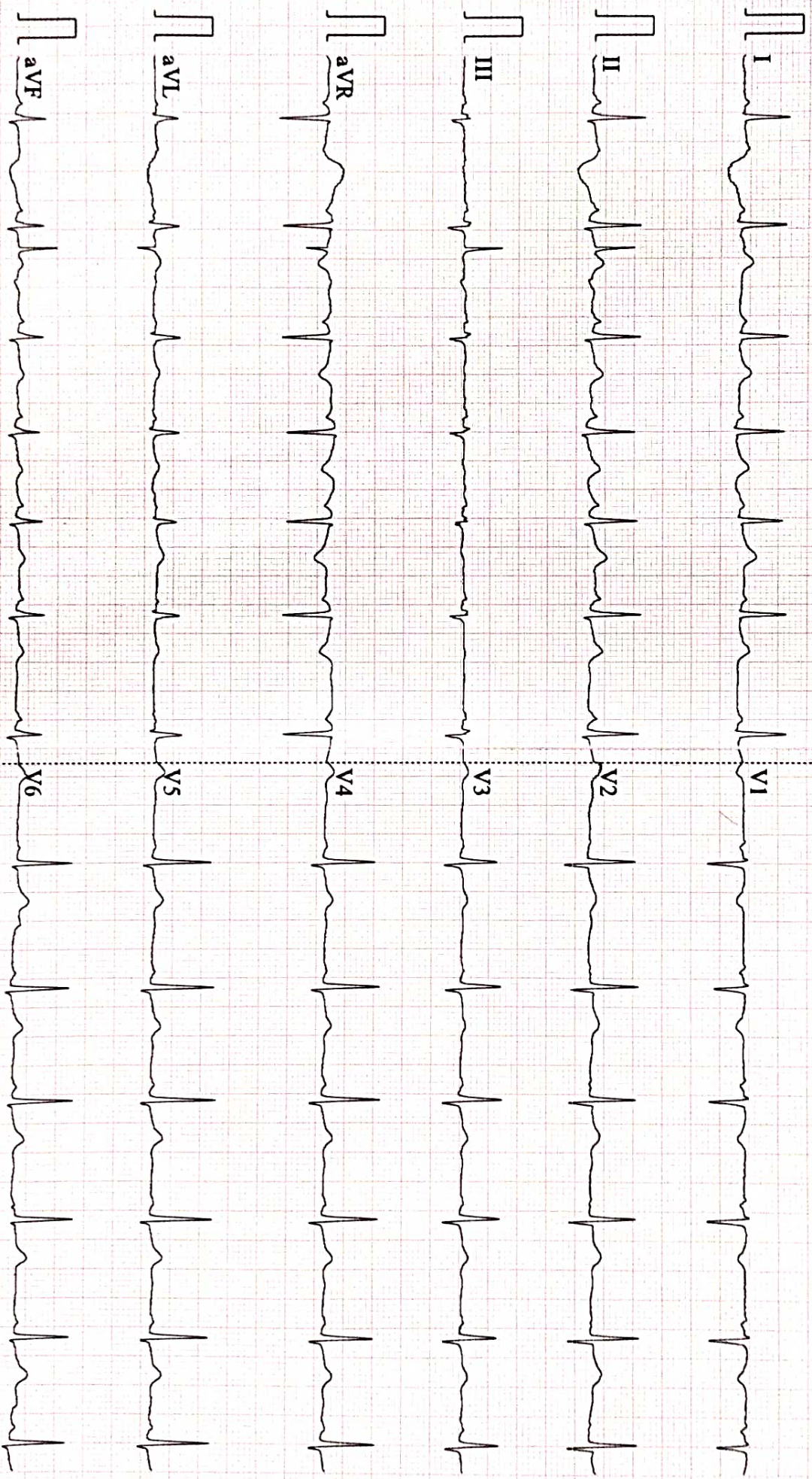
Follow up date :

Doctor Signature
Apollo Clinic P
23, 1st Floor,
Kalidasa Road, Mysore
Ph : 0821-400000/41
28/03/2024

MRS NEHA GUPTA
Female 37Years
161cm 75kg 120/80 mmHg

APOLLO CLINIC
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Unconfirmed Report.



Patient Name: Mrs. NEHA GUPTA	Date : 29.03.2024	Referring Doctor: Dr. Self
Age / Sex: 37Yrs/Female	UHID No : 0060295	Location : OP
ULTRASONOGRAPHY- ABDOMEN & PELVIS		

LIVER: It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No calculi seen.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 10.5 cm with parenchymal thickness of 1.3cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 11.3 cm with parenchymal thickness of 1.2 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen.

UTERUS: It is anteverted and measures 6.5x3.5x4.8cm with ET= 9mm. It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: It measures 3.4x2.5 cm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 3.2x2.3 cm. It is normal. No mass lesion seen.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: NORMAL STUDY.

Dr. Raghuveer, Suhas Prasad, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mrs. NEHA GUPTA	Age & Sex; 37Yrs /Female
Date : 29.03.2024	UHID No:060295

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 68 %
- No clots. No pericardial effusion

Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. NEHA GUPTA

Age & Sex: 37 Yrs / Female

Date : 29.03.2024

UHID No:060295

Measurements

AO : 2.6 cm
LA : 2.7 cm

RV : 2.5 cm

LVIDd 4.17 cm
LVIDs : 2.54 cm
IVSd : 0.90 cm
IVSs : 1.36 cm
PWd : 0.90 cm
PWs : 1.36 cm
EF : 68.0 %
FS : 38.0 %

Doppler

MV	TV	AV	PV
E 0.76 m/s	E --- m/s	V max 1.03 m/s	V max 0.86 m/s
A: 0.52 m/s	A --- m/s		

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT - NON-INVASIVE CARDIOLOGY



Dr. GURU PRASAD. B. V.
MBBS, PGDCC
CONSULTANT - NON-INVASIVE CARDIOLOGY

Apollo Health and Lifestyle Limited

10th Floor, Apollo Hospital, Chokkikulam Street, Chennai - 600 016
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TO BOOK AN APPOINTMENT

1860 500 7788

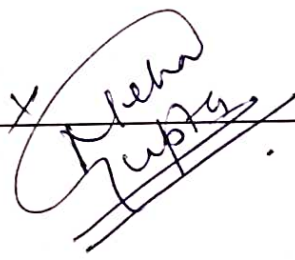
Informed Consent/Declaration For Test Exclusion

Patient Name: Ms Meha Gupta Age: 37 Female
UHID Number: 60295

Please tick and sign the relevant part

I certify that I will skip LBC pap smear (after 1 week) Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature:  Date: 29/3/2024

Witness signature:  Date: 29/3/2024

Informed Consent/Declaration For Test Exclusion

Patient Name: Ms Neha Gupta Age: 37y / Female

UHID Number: 60295

Please tick and sign the relevant part

I certify that I will skip (CPR, urine pp, urine fasting) + CXR Test from my own.

No refund is provided for the above excluded test and I have been informed about the same.

Patient signature X Neha Gupta Date 29/3/2024

Witness signature: [Signature] Date: 29/3/2024